

Human Influenza A (H5)

Human Influenza A (H5) Domestic Case Screening Form CDC Case ID:

1. Reported By Date reported to state or local health State/ local Assigned Case ID: department: Last Name: First Name: State: Affiliation: Email: Phone 2: Phone 1: Fax: 2. Patient Information City of Residence: County: State: Race: (Choose One) Age at onset: \square Year(s) □ White ☐ American Indian/Alaska Native □ Month(s) □ Unknown □ Asian □ Black ☐ Native Hawaiian/Other Pacific Islander □ Male Sex: Ethnicity: □ Non Hispanic □ Female □ Hispanic 3. Optional Patient Information Last Name: First Name: 4. Signs and Symptoms A. Date of symptom onset: B. What symptoms and signs did the patient have during the course of illness? (check all that apply) Fever $> 38^{\circ} \text{ C } (100.4^{\circ} \text{ F})$ Feverish (temperature not taken) Conjunctivitis Shortness of breath Cough Headache Sore throat Other (specify): _____ C. Was a chest X-ray or chest CAT scan performed? □ Yes* □ No □ Unknown If yes*, did the patient have radiographic evidence of □ Yes* □ No □ Unknown pneumonia or respiratory distress syndrome (RDS)?

Epidemiologic Risk Factors

CDC Case ID:

| 5. Travel/Exposures | | | | | | | | | |
|---|---|-----------------------|----------------|-----------------|-----------|-----------|-------------------|--|--|
| A. In the 10 da | | | | □ Yes* | □ N | lo** | □ Unknown | | |
| | travel to any of the countries listed in the table below? If yes* please fill in arrival and departure dates for all **If patient did not travel outside U.S., skip to | | | | | | | | |
| If yes*, please fill in arrival and departure dates for all countries that apply. | | | | | | | | | |
| oodiiii oo tiid | Arrival | Departure | | | Δrr | ival | Departure Date | | |
| Country | Date | Date | Country | | | ate | | | |
| □ Afghanistan | Dute | Dute | □ Myanmar (Ri | Myanmar (Burma) | | | Dute | | |
| ☐ Bangladesh | | | □ Nepal | diiiid) | iiu) | | | | |
| ☐ Brunei | | | □ North Korea | a | | | | | |
| ☐ Cambodia | | | □ Oman | | | | | | |
| □ China | | | □ Pakistan | | | | | | |
| ☐ Hong Kong | | | ☐ Papua New (| | | | | | |
| □ India | | | ☐ Philippines | | | | | | |
| □ Indonesia | | | ☐ Saudi Arabia | | | | | | |
| □ Iran | | | □ Singapore | | | | | | |
| □ Iraq | | | ☐ South Korea | | | | | | |
| □ Israel | | | □ Syria | | | | | | |
| □ Japan | | | □ Taiwan | | | | | | |
| □ Jordan | | | ☐ Thailand | | | | | | |
| □ Laos | | | ☐ Turkey | | | | | | |
| □ Lebanon | | | □ Viet Nam | | | | | | |
| □ Macao | | | □ Yemen | | | | | | |
| □ Malaysia | Malaysia | | | | | | | | |
| For the question: | | | | | | | | | |
| In the 10 days prior to illness onset, while in the countries listed above | | | | | | | | | |
| B. Did the patient come within 1 meter (3 feet) of any live poultry or domesticated birds (e.g. visited a poultry farm, a | | | | | | | | | |
| household raising poultry, or a bird market)? | | | | | 'es* | □ No | □ Unknown | | |
| | 31 | | • | | | | | | |
| If Yes* | | | | | | | | | |
| C. Did patient touch any recently butchered poultry? | | | | □Y | 'es | □ No | □ Unknown | | |
| D. Did the patient visit or stay in the same household with | | | | | □ Unknown | | | | |
| arryone with pheditionia or severe nu-like linless: | | | | | | | | | |
| E. Did the patient visit or stay in the same household with a Suspected human influenza Λ(H5) case2* □ Yes □ No | | | | | □ No | □ Unknown | | | |
| suspected hu | suspected human influenza A(H5) case?* | | | | | | □ OHKHOWH | | |
| - | · · · · · · · · · · · · · · · · · · · | | | | | | — 11ml | | |
| known human influenza A(H5) case?* □ Yes □ No □ Unknown * SEE Influenza A (H5): Interim U.S. Case Definitions | | | | | □ Unknown | | | | |
| * SEE Influe | nza A (H5): Interim | U.S. Case Definitions | 5 | | | | | | |

*Name of Rapid Test:

CDC ID:

☐ Negative

| | | | CDC ID. | | | | | | |
|-----|--|---|------------------------------|------------------|-------------------------------------|--|--|--|--|
| | 6. Exposure for | Non Travelers | | | | | | | |
| | For patients whom did not travel outside the U.S., in the 10 days prior to illness onset, did the patient visit or stay in the same household with a traveler returning from one of the countries listed above who developed pneumonia or severe flu-like illness? | | | ⊒ No | □ Unknown | | | | |
| | If yes*, was the contact a confirmed or suspected H5 case patient? | | | ∃ No | □ Unknown | | | | |
| | If yes*: CDC I | D: STATE ID: | | | | | | | |
| Lak | oratory Evalua | ation | | | | | | | |
| | 7. State and loca | al level influenza test results | | | | | | | |
| | Specimen 1 | | | | | | | | |
| | | ☐ Broncheoalveolar lavage specimen (BAL) ☐ OP swab ☐ Other | | , | | | | | |
| | Test Type: RT-PCR Viral Culture *Name of Rapid | ☐ Direct fluorescent antibody (DFA) ☐ Rapid Antigen Test* | Result: Influenza Influenza | a A a (type u | y y y □ Influenza B nk) □ Pending | | | | |
| | Specimen 2 | Test. | | | | | | | |
| | □ NP swab | ☐ Broncheoalveolar lavage specimen (BAL) ☐ OP swab ☐ Other | Date Collect | / | - | | | | |
| | Test Type: □ RT-PCR □ Direct fluorescent antibody (DFA) □ Viral Culture □ Rapid Antigen Test* *Name of Rapid Test: | | Result: Influenza Influenza | a A a (type u | □ Influenza B | | | | |
| | Specimen 3 | Test. | | | | | | | |
| | □ NP swab □ NP aspirate | ☐ Broncheoalveolar lavage specimen (BAL) ☐ OP swab ☐ Other | | / | - — — — У У У | | | | |
| | Test Type: □ RT-PCR □ Viral Culture | □ Direct fluorescent antibody (DFA)□ Rapid Antigen Test* | Result: Influenza | a A | □ Influenza B | | | | |

□ Pending

CDC ID:

| 8. List specimens sent to the CDC | | | | | | | | | | |
|-----------------------------------|-----------------------------------|---------------|-----|--------|-----|-------|------|------|-----|------|
| Select a SOURCE* from tl | he following list for each specir | nen: Serum (| acu | te), s | eru | m (c | onva | ales | cen | it), |
| NP swab, NP aspirate, br | oncheoalveolar lavage specime | n (BAL), OP s | wal | o, tra | che | al as | pira | te, | or | |
| tissue | - | | | | | | | | | |
| Specimen 1: | | Collected | | , | , | | , | | | |
| □ Clinical Material | Source*: | Collected : | | / m | | | | | | |
| ☐ Extracted RNA | | Date Sent: | | / | | | • | • | • | • |
| □ Virus Isolate | | Bute Sent. | | ′ m | | | | | | |
| Specimen 2: | | Collected : | | | | | | | | |
| □ Clinical Material | Source*: | Collected : | | / m | | | | | | |
| □ Extracted RNA | | Date Sent: | | | | | | | | |
| □ Virus Isolate | | Dute Sent. | | ′ m | | | | | | |
| Specimen 3: | | Callagrad | | | | | | | | |
| □ Clinical Material | Source*: | Collected : | | / m | | | | | | |
| □ Extracted RNA | | Date Sent: | | / | | | - | - | - | - |
| □ Virus Isolate | | Date Sent. | | ′ m | | | | | | |
| Specimen 4: | | Callantad | | | | | | | | |
| □ Clinical Material | Source*: | Collected : | | / m | | | | | | |
| □ Extracted RNA | | Date Sent: | | / | | | - | - | - | - |
| □ Virus Isolate | | Date Sent. | | ′ m | | | | | | |
| Specimen 5: | | Callagrad | | | | | | | | |
| □ Clinical Material | Source*: | Collected : | | / m | | | | | | |
| ☐ Extracted RNA | | Date Sent: | | / | | | | • | • | |
| □ Virus Isolate | | Dute Sent. | | ′ m | | | | | | |
| Carrier: | Tracking # | | | | | | • | | | |
| 9. Case Notes: | | | | | | | | | | |
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CDC ID:

| CDC Contact Information (FOR CDC USE ONLY) | | | | | | | |
|--|-------------------------------------|---|--|--|--|--|--|
| Case status and date status | applied: | □ Ruled Out/Non-Case: ———/——/————— m m d d y y y y | | | | | |
| □ Clinical Case (lab results pending) □ Influenza A pos. Case (subtype pending) □ Confirmed Case | m m d d y y y y y m m d d y y y y y | Reason: Influenza A neg. (by PCR, viral culture, or influenza A serology) Non-H5 Influenza Strain Other etiology* Did not meet case definition | | | | | |
| Date Entered by CDC: | // | Contact Date: / / / | | | | | |
| Name of CDC Contact: | | | | | | | |
| *Alternative Diagnosis | | | | | | | |
| A. Was an alternative non-influenza respiratory pathogen detected? Yes* No Unknown If yes* specify: | | | | | | | |
| B. Was there a diagnosis other than respiratory infection? $\hfill\Box$ Yes* $\hfill\Box$ No $\hfill\Box$ Unknown If yes* specify: | | | | | | | |